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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 22 Jefferson 0452 Clancy Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1135 No GILCHRIST, JULIE 3.40 JESTER, DEANNA 1 1136 No 2.10 1137 JOHNSON, TINA 0.95 1 No LAKE, JOHN & JEANIE GLENN 1138 No 2.50 1 PIPPIN, FRED & TAMI 1 1139 No 3.20 1 1140 No KOKORUDA, CINDY 3.00 DONEY, LAURI 1 1141 No 8.50 1 2033 BRIGGS, KADIE 1.25 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

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County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0453 Whitehall Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 4-47 1781 No WALKER, MARIA 0.50 4-47 1782 No HOBBS, RHONDA L 3.00 4-47 1783 WERLE, DARLENE & BILL 0.25 No 4-47 1784 HOERAUT, JENNIFER No 1.50 4-47 1785 No ALEXANDER, BRAD & MIKI 1.25 4-47 1786 No SOENNICHSEN, DAVID & JENNIFER 1.00 4-47 1787 No HIEBERT, KAYLEEN 1.25 4-47 1788 NELSON, CAROLYN 2.50 No 4-47 1789 PLYMPTON, CHERISH & FOREST 1.75 No KETCHUM, AMY P 4-47 2013 No 1.00

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	RINDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	and ending		, 20			
			month	day		month	day	
CERT	CERTIFICATION:							
The in	nformation	on this for	m is complete and accurate to th	ne best of my know	ledge.			
Date			Signature, Chair, Boar	d of Trustees				
County:			District:				District Level:	
County.								
22 Jefferson		0454 Whiteha	ıll H S			High School		
District	Contract						Daily	# of Days
#	#	Shared		Family's N	ame		Rate	Transported
2	1790	No	RERNARD DONALD				0.50	

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning ________, 20____ and ending ________, 20____. month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

County.	District	District Level:
Date	Signature, Chair, Board of Trustees	

22 Jefferson U457 Jefferson H S High School

22 Jefferson		0457 Jefferson H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1000	No	Foley, Mike H	3.00	
1	1001	No	Glenn Lake, John & Jeanie	2.50	
1	1002	No	Jandert, Theresa	3.50	
1	1023	Yes	Staley, Kirstin	0.32	
1	1024	Yes	Klepzig, William C	0.70	
1	1025	Yes	Bills-Kazimi, Kay	0.25	
1	1026	Yes	Krautz, Patty	0.12	
1	1027	Yes	Kamerzel, Barbara	0.25	
1	1028	Yes	Johnson, Rebecca	0.55	
1	1029	Yes	Gluechert, Patti J	0.25	
1	2426	No	Hudson, Karen	0.25	
1	2427	No	Beasley, Grafton	3.85	



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

0.55

0.25

State	
District	
County	

DUE
DATES

27

27

1028

1029

Yes

Yes

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 22 Jefferson 0460 Montana City Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 27 1012 No Tuttle, Michelle 0.25 Martin, Carrie 27 1013 No 1.55 27 1014 No Martin, Brent 1.75 1015 Johnson, Kelly S 0.25 27 No 27 1016 Giard, Kimette No 0.30 27 1017 No Ferguson, Larry & Karen 0.25 27 1018 Doherty, Kellie 0.25 No 27 1019 No Canty, Marietta 0.55 27 1020 Brunett, Denise No 1.25 27 1021 Brunett, Denise No 0.63 27 1022 No Ballantyne, John 0.25 27 1023 Staley, Kirstin Yes 0.33 27 1024 Yes Klepzig, William C 0.70 27 1025 Yes Bills-Kazimi, Kay 0.25 27 1026 Yes Krautz, Patty 0.13 27 1027 Yes Kamerzel, Barbara 0.25

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Johnson, Rebecca

Gluechert, Patti J